

Prepared by and Return to:
N. MS Title, Inc.
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
662-895-4844

BK 0451 PG 0164
STATE MS. - DESOTO CO.
FILED
PS
Pc Aug 21 4 15 PM '03

BK 451 PG 164
W.E. DAVIS CH. CLK.

GENEVA SMITH,

GRANTOR,

TO

WARRANTY DEED

ALBERT L. STEWART, JR., ET UX,

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **GENEVA SMITH**, do hereby sell, convey and warrant unto **ALBERT L. STEWART, JR. and wife, AMY E. STEWART**, as tenants by the entirety with full rights of survivorship, and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

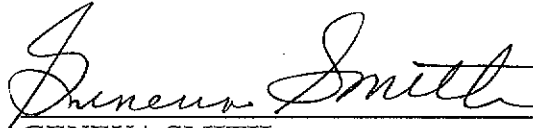
Lot 8A, Powell Subdivision, First Revision, situated in Section 22, Township 2 South, Range 6 West, DeSoto County, Mississippi, as shown of plat of record in Plat Book 18, Pages 20-23, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

By way of explanation, Grantor is the surviving spouse of Travis Smith, deceased, who departed this life on the 26th day of January, 2003, a copy of his death certificate being attached hereto.

Taxes for the year 2003 are to be prorated, and possession is to take place upon delivery of this deed.

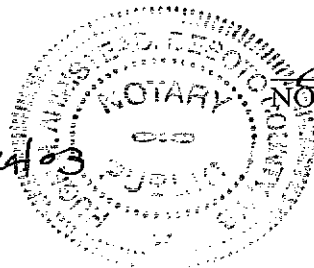
WITNESS MY SIGNATURE, this the 31st day of July, 2003.


GENEVA SMITH

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this **31st day of July, 2003**, within my jurisdiction, the within named **GENEVA SMITH**, who acknowledged that she executed the above and foregoing instrument.



[Signature]
NOTARY PUBLIC

My Commission Expires: 10/24/03

Grantor's Address: 2748 Lorena Cove, Olive Branch, MS 38654
Home No. (662) 895-5277; Business No. (662) 838-4107

Grantees' Address: 2760 Lorena Cove, Olive Branch, MS 38654
Home No. (662) 895-6149; Business No. (901) 830-5324


**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**
STATE FILE
NUMBER
 TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

 NAME OF DECEDENT
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

 PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
THIS CERTIFICATE MUST
COMPLETE AND SIGN
DICAL CERTIFICATION
WITHIN 48 HOURS.
INSTRUCTIONS
ON OTHER SIDECAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Travis Bernard Smith				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) Jan. 26, 2003	
4. SOCIAL SECURITY NUMBER (of Decedent) 410-48-6692		5a. AGE-LAST BIRTHDAY (Years) 73		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) July 2, 1929	
7. BIRTHPLACE (City and State or Foreign Country) Oxford, MS		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) Baptist East Hospital					
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Geneva Grace		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner		12b. KIND OF BUSINESS/INDUSTRY Landscaper & Nursery	
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Olive Branch		13d. STREET AND NUMBER OR RURAL LOCATION 2748 Lorena Cove	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5) 11		17. FATHER'S NAME (First, Middle, Last) Thomas Benton Smith					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Dottie Everlean Hattaway		19a. INFORMANT'S NAME (Type/Print) Geneva Smith					
19b. RELATIONSHIP TO DECEDENT Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State or Code) 2748 Lorena Cove, Olive Branch, MS 38654					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Memorial Park Southwoods		20c. LOCATION (City or Town, State) Memphis, TN		20d. LICENSE NUMBER OF FUNERAL HOME 5349	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>James L. Way</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS387		21c. SIGNATURE OF FUNERAL HOME <i>Kevin Hughes</i>		21d. LICENSE NUMBER OF FUNERAL HOME FE117	
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P. O. Box 428, Olive Branch, MS 38654-0428		22b. LICENSE NUMBER OF FUNERAL HOME FE117					
23. REGISTRAR'S SIGNATURE <i>Mary Ann Blackman</i>		23a. DATE SIGNED (Month, Day, Year) FEB 05 2003		23b. LICENSE NUMBER MD18051			
23c. DATE SIGNED (Month, Day, Year) 01-29-03		23d. LICENSE NUMBER MD18051					
24a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Edward S. Muir, MD</i>		24b. LICENSE NUMBER MD18051		24c. DATE SIGNED (Month, Day, Year) 01-29-03			
24d. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		24e. LICENSE NUMBER		24f. DATE SIGNED (Month, Day, Year)			
25. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print) Edward S. Muir, MD; 2136 Euter, Suite 103; Germantown, TN 38138							
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Sepsis				Approximate Interval Between Onset and Death 1 day	
		b. Lung Cancer				3 months	
		c. 					
		d. 					
27. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
28. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending Investigation 6 <input type="checkbox"/> Could not be Determined		29a. DATE OF INJURY (Month, Day, Year)		29b. TIME OF INJURY 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
29d. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		29e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29f. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29g. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					